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as indicated unless correct for maintenance fee notific		erwise in Block 1, by (a) sp	pecifying a new corre	espondenc	ce address; and/or (b) indica	iting a separate "FEE ADDRESS"
CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address) 30623 MINTZ LEVIN COHN FERRIS GLOVSKY AND POPEO, P.C. One Financial Center Boston, Massachusetts 02111				Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission. Certificate of Mailing or Transmission I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below. (Depositor's name) (Signature)		
APPLICATION NO.	FILING DATE	FIRST NAM	MED INVENTOR		ATTORNEY DOCKET NO	O. CONFIRMATION NO.
10/786,710	02/24/2004	Mark	L. Nelson		16534-512C01US	3651
TITLE OF INVENTION: 7-And 9-Carbamate, Urea, Thiourea, Thiocarbamate, And Heteroaryl-Amino Substituted Tetracycline Compounds						
APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION	FEE	TOTAL FEE(S) DUE	DATE DUE
Non-Provisional	NO	\$1,510.00	\$300.00		\$1,810.00	10/22/2010
EXAMINER		ART UNIT	CLASS-SUBCI			
R. H. Havlin 1. Change of correspondence address or indication		1626	626 548-400000 2. For printing on the patent front page		at Mints I a	vin Cohn Ferris Glovsky and
Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required. 3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type) PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the defor recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.						Erlacher
(A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY)						
Paratek Pharmaceuticals, Inc. Trustees of Tufts College Medford, Massachusetts Please check the appropriate assignee category or categories (will not be printed on the patent): Individual Indiv						
4a. The following fee(s) are enclosed: 4b. Payment of Fee(s):						
X Issue Fee A check in the amount of the fee(s) is enclosed.						
X Publication Fee (No small entity discount permitted) X Payment by credit card. Form PTO-2038 is attached. Advance Order -# of Copies X The Director is hereby authorized to charge the required fee(s), or credit any overpayment, to Deposit Account Number 50-0311						
	ns SMALL ENTITY sta	tus. See 37 CFR 1.27.				status. See 37 CFR 1.27(g)(2).
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Authorized Signature		18M			Date	October 22, 2010
Typed or printed nan	Typed or printed name Heidi A. Erlacher				Registration No.	45,409